## **2008 LIMITED LIABILITY COMPANY**

FILED Mar 12, 2008 08:00 A ANNUAL REPORT **Secretary of State** DOCUMENT # L03000019263 1. Entity Name J. & R. GYM, L.L.C. Principal Place of Business Mailing Address 8260 VIA BELLA ST 8260 VIA BELLA ST SANFORD, FL 32771 SANFORD, FL 32771 03012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8445888 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GNAT, RAYMOND G DO NOT WRITE 8260 VIA BELLA ST SANFORD, FL 32771 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) HOOOOORSEO14 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 93/27/98-80974-013 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE GNAT, RAYMOND G NAME 8260 VIA BELLA ST STREET ADDRESS CITY+ST-ZIP SANFORD, FL 32771 TITLE GNAT, JOAN M NAME 8260 VIA BELLA ST STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR MINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE